

Introduction to Golf

Instructional Golf Clinics

Oct. 11, 18, 25, 1:00-2:00 pm
\$10 for all three clinics

Little Bennett course #234515

Northwest course #234516

Poolesville course #234566

Open to Middle School kids (grades 6-8)
Both Boys and Girls, 20 kids max per course

Equipment will be provided if needed

Learn the basics of golf from the course pro. (grip, swing, putting, rules, long game, short game, course etiquette)

**For more information call our
Sports Team at 240-777-6961**

Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated. Complete a separate form for each child.

PAYER'S: Last Name _____ First Name _____ Email _____
 Address _____ City _____ State _____ Zip _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

PARTICIPANT'S: Address _____ City _____ State _____ Zip _____
 (if under 18 years) Mother's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____
 Father's Name _____ Email _____
 Home Phone () _____ Work Phone () _____ Cell Phone () _____

Participant's Name (last, first)	Birthdate mm/dd/yy	Sex m/f	School Attending	Grade	League	Course #	Region/Day	Fees*
Sample Doe, John	7-4-93	M	Barnsley ES	5	Baseball Peewee		West Sun/Wed	

Nearest MCPS Elementary School: _____

Requested Coach/Team: _____

Special Request: _____

I am volunteering as: ☐ Coach ☐ Co-Coach

*If you are a non-resident, include an additional \$10.00 per participant in the fee for each activity.

Total Amount Due: \$

☐ Check or Money Order payable to MCRD, Attn: Sports, Room 301, 4010 Randolph Road, Silver Spring, MD 20902.

☐ Master Card ☐ Visa Card No. _____ Expiration Date _____

CARDHOLDER: Name (print) _____ Signature _____ Date _____

If paying by credit card, you may **fax** your registration form to **240-777-6818**. If you need help completing this form, please call 240-777-6961.

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. I agree to abide by all department rules and regulations.

Participant or Parent/Guardian Signature _____ Date _____